# Proposed 2005-07 Policy Initiative

Name of Initiative	Access Measures for Healthiest State in the Nation Campaign
Sponsor	Access Committee
Lead Staff	Craig McLaughlin
Other Committees	Children's Health and Well-Being (interest in assuring preventative care for children covered by private insurers)
Summary	Develop definitions for "health home," "preventive insurance," and "sentinel clinical preventive health services" that can be used to develop measures for the Washington State Health Foundation's Healthiest State in the Nation Campaign.
SHR Strategic Direction	<ul> <li>Maintain and improve the public health system</li> <li>Ensure fair access to critical health services</li> <li>Improve health outcomes and increase value</li> <li>Explore ways to reduce health disparities</li> <li>Improve nutrition and increase physical activity</li> <li>Reduce tobacco use</li> <li>Safeguard environments that sustain human health</li> </ul>
Governor's Initiatives	☐ Cost Containment ☐ Cover all Kids by 2010 ☐ Healthiest State in the Nation
Possible Partners	Washington Health Foundation, DOH (Epidemiology, CHARS), DSHS (EPSDT), Office of the Insurance Commissioner, HCA, Washington Chapter of American Academy of Pediatrics
Criteria	<ul> <li>☑ Does the issue involve multiple agencies?</li> <li>☐ Can a measurable difference be made?</li> <li>☐ Prevalence, severity and availability of interventions</li> <li>☐ Level of public input/demand</li> <li>☑ Does it involve the entire state?</li> <li>☑ Does the Board have statutory authority?</li> <li>☑ Do the resources exist to deal with the issue?</li> <li>☑ Does the Board have a potentially unique role?</li> </ul>

#### **Problem Statement**

The Board is a supporter of the Healthiest State in the Nation Campaign of the Washington Health Foundation (WHF). The foundation has been developing its own set of measures to determine the healthiest state. The draft measures will require that certain terms be defined and that data points be identified. WHF has asked the Board to consider helping with three measures that bear some relationship to the Board's previous work on access to care.

**"Preventive" insurance:** Under the heading of "Investing in Prevention," WHF is interested in measuring the number of people with health insurance that provides coverage (and incentives) for preventive care. WHF is concerned that people might be counted as being among the insured even if they have large deductibles or catastrophic coverage only.

**Health home:** Under the heading of "Increasing Value in Health Services," WHF is interested in measuring how many people have access to regular sources of care familiar with them and their health needs. This is typically referred to as a "medical home" but because the foundation is interested in overall health, not just in the delivery of personal medical care, it is interested in expanding the various existing definitions of medical home and revising them as necessary to create a definition of "health home."

**Sentinel clinical preventive health services:** WHF is interested in a limited but broadly representative set of data points about how many people are receiving specific preventative health services that combined can be used as a proxy to measure the extent to which people are receiving preventive services in general. The choice of which services to measure could be based on the Board's Menu of Critical Health Services.

## Potential Strategies

- 1. Research definitions of medical home and definitions of health and combine into a definition of "health home."
- 2. Working from the Menu of Critical Health Services and similar documents, develop a definition of "preventive insurance."
- 3. Research available data concerning the utilization of preventive health services and assemble a set of sentinel data points.

## <u>Criteria</u>

# Does the issue involve multiple agencies?

The Board will want to consult with other agencies. Involvement of other agencies is not essential for reaching definitions, but Board will need to understand data sources available through OIC, HCA, DSHS, DOH, etc. DSHS has experience with its Early Prevention, Screening, Diagnostic & Treatment Program for children insured by government programs. OIC and HCA will have data and expertise about structuring of plan benefits.

#### Can a measurable difference be made?

No immediate difference in health outcomes can be made from this work, but it would advance the efforts of the Healthiest State in the Nation campaign, which could make a measurable difference.

### Prevalence, severity and availability of interventions

Not applicable.

#### Level of public input/demand

None, although there is broad support for the Healthiest State in the Nation Campaign.

#### Does it involve the entire state?

The Healthiest State in the Nation campaign is a statewide effort.

#### Does the Board have statutory authority?

The Board has general authority to "explore ways to improve the health status of the citizenry."

#### Do the resources exist to deal with the issue?

Yes. This effort will be able to build on existing data and materials.

### Does the Board have a potentially unique role?

Yes. Because this work would build on previous access-related efforts of the Board, particularly the Menu of Critical Health Services, the Board is uniquely poised to do this work.